NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Name of Building Owner/Operator (2) BDS BUILDERS LLC.											
Agencies Notified	Type Notification				Address Urbanov	vitz Av	e.			17.						
DEP DOL	Initial Amended Amendmen			City, St	tate, Zip Co en, NJ 07	de 036		MAN CONTRACTOR								
DOH DCA	Emergency justification Cancellation				of Contact os Almeid	a		*			lephone Nu	mber	(5)			
		FAC	CILITY INFO	RMATI	ON											
Name of Facility Where A					Type of Facility (4)											
Street Address		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial but etc.)								ouildings, homes,						
City (5) Elizabeth		Square Feet # of Floors 2400 2							Bldg. Age 1940							
County (6) Union		Code (7) USE ONLY)			Cu R	rrent Use (Pr esidential l	ior if be Prope	ing demolish ty	ned)							
Name of Monitoring Firm	ASC	M No.		Name Dina	of A	batement Co Environme	ement Contractor (9) vironment LLC.									
Street Address					Address -Lafayette Street											
City, State, Zip Code					State, Zip Code wark, NJ 07105											
Project Manager for Moni	Telepho	one No.			Felephone No. License No. 973-491-0877 01240											
Start Date (10) 3/5/16	mpletion	Date (11)			me of OSHA Monitor &S Environment Corp.											
Occupancy Status During			Street	2007/00/20												
Facility Closed/Vaca Abatement Performe Other – Describe:	nent 2333-Route City, State, Zip Union, NJ 0					Zip Code	p Code									
Scope of Work (Check Al	That Apply)						Offic									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
		Is	Locat	ion								Abatement				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) In School Is Location In School In Sch					Asbesto (i.e. t	os Conta hermal : surfac	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure	
Exterio	r	Yes	No X	N/A		C	Siding			100	20.00			Ф		
							Siding	lion			00 SQ.	х				
Basement x						ripe	insulat	uon		15	0L.FT	х				
Newark Carting Inc					NJDEP Waste Cubic Yard of Waste 04509				The state of the ground and the state of the							
City, State Po.Box 5670 Newark	x, NJ 07105					Disposa	cal Date City, State 2335-Applebutter Road, Bethlehem, PA						PA			
Completed by Carlos Gomes		Title Pres	dent			Sig	gnature	1	Le		Dat 2/2	e 24/16	6			
							-/	/			/					



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2) Chemours Company														
Agencies Notified	Notification Type	1 1 1 1 1 1 1 1 1	Street Add			供	MAF 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
X DEP X DOL	Initial x ☐ Amended Amendment # ☐ Emergency (Includin		City, State Deepwate													
-⊠ DOH □ DCA	Justification) Cancellation	1	Name of C Chris Or													
			FACIL	ITY IN	IFORMA	TION										
Name of Facility Where A	Abatement is Taking Place	(3) Cha	amber W	orks T	S-1B Ta	nk Demo	Type of Facilit	y (4)								
Street Address RT 130 S			☐ School (K-12) ☐ Subchapter 8 (other than ☐ Other (i.e. private & comments, etc.													
City (5) Deepwater	77						Square Feet	# of Floors		Bld	g. A	\ge				
County (6) Salam					unty Cod E ONLY	de (7) (STATE)	Current Use (prior if being demolished) Outside TANK									
Name of Monitoring Firm Harvard Environmen	Hired by Bldg. Owner (8)	F	ASCM No).		of Contractor (9) ty Environmer	(9)									
Street Address 760 Pulaski Highwa	у				Street	Address Iew Churchma	21 A									
City, State, Zip Code New Castle, DE 197	720				City State, Zip Code New Castle, DE 19720											
Project Manager for Mon Wesley Morrison			326-233		(302)	one Number 322-8946		License Number 00578								
Scheduled Start Date (10 03-14-16	Scheduled Com 16	pletion	Date 03-	18-	Coun	of OSHA Monitor ty Environmer										
Occupancy Status Durin					Address Iew Churchm	mans Road										
	ed During Entire Period of I Outside of Normal Facili					tate, Zip Code Castle, DE 19	720	14								
Scope of Work (Check a	ll that apply)		200.00			Full Contain	ment with Negat									
$X \ge 3$ sf or ≥ 3 lf $E \ge 160$ sf or ≥ 260 lf		ĮŽ		ovation olition	☐ Mini-Encl ☐ Non-Exer	osure Glove npted (*) and No	ebag Procedure n-Friable Proc									
*			s Location			5				Abatement Type		nt				
Locat Asbestos-Contain <u>TO BE A</u> IN Faci	Use Ma	Normally ed Solely aintenand Custodial Staff? (12)	by e/		Description stos Containing N thermal system surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A	2500			SF		X							
Mastic on wood		X		3500			3F		^							
Name of Reg. Waste Ha S&G Transport	uler		DEP Was No.03217		uler	Cubic Yards of Waste 30	Constoge									
City, State NJ						Disposal Date TBA Signature	Mongantown									
Completed by Charles Flowers	Completed by Title Charles Flowers PM						- Hou	٠ -	Date 2 ∼∂	29	-/	16	~			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 3 / 2 / 16						Name of Building Owner/Operator (2) IMC Construction Inc											
Agencies Notified EPA	Type Notificat	ion			Street Address 3 Great Valley Parkway Suite 200 MAR 3 2016												
⊠ DOLWD	Amended			Ī	City, S	tate, Zip C	ode			fic s e s			1	1			
☑ DOH □ DCA	Amendmer Emergency		uding		Mah	vern, PA	1935	55		ABLEVIUS L	Çeli.						
(NJAC 5:23-8)	justification		uding		Name	of Contact			·	Telephone Nur			(n. 2 .	-2			
	☐ Cancellation				Kev	in Sherm	ian										
					FAC	ILITY IN	FOR	MATION			10	=::::::::::::::::::::::::::::::::::::::					
Name of Facility Where A	(3)					Type of Facility (4)	1000	-								
Shoppes at Riversi						School (K-12)											
Street Address						Subchapter 8 (Other than K-12)											
309 Hackensack Av	ve								Other (i.e., private and commercial buildings, homes, etc.)								
City (5)									Square Feet	# of Floors	В	ldg. A	ge				
Hackensack			01000														
County (6)					Coun	ty Code (7	(STAT	TE USE ONLY)	Current Use (Pri	or if being demo	lished)						
Bergen																	
Name of Monitoring Firm	Hired by Buildi	ing Ow	vner (8	3)	ASCM	No.	200		ent Contractor (9)	systems							
Street Address				Stre	et Address												
				1	121 N. Beth	hlehem Pike - Suite 60											
City, State, Zip Code				City	, State, Zip C												
,,				1 5	oring House, PA 19477												
Project Manager for Mon	Tele	phone	No.	-	phone No.	License No.											
. reject manager for men		,			15 542 7000	ř.	00847										
Start Date (10)	omple	tion Da	te (11)	Nan	ne of OSHA N	Monitor				3							
3 / 7 /		1		CES													
Occupancy Status During							Stre	et Address									
☐ Facility Closed/Vacate	7. Talendaria (1988)				ment				nlehem Pike - Suite 60								
☐ Abatement Performed						cribe		State, Zip C									
Time of Abatement:								**************************************	se, PA 19477								
Coope of Work (Chook o	II that annia							pring rious	e, FA 13477								
Scope of Work (Check a		☐ Full Containment with Negative Pressure															
								☐ Mini-End	nclosure								
∑ ≥160 sf or ≥260 lf ☐ Demoli					on			☐ Gloveba	ig Procedure empted (*) and No	Procedure were from the By have bted (*) and Non-Friable Procedure							
		Т	le	Loca	ion	1		Z HOII ZX	Abatement					nt Type			
Location	n of		١	Norma	lly			Description of	of			T		1			
Asbestos-Containing	Material (ACM))		d Sol				Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE ABA				intena todial	Staff?	(i.e		rmal systems		(Specify SF or LF)	ova	₩.	psu	nso			
(13)	iity			(12)			surfacing, VAT, or other miscellaneous)			Or Or Erry	-		llate	ē			
, ,			Yes	No	N/A												
Exterior					\boxtimes	Caulk a	it Fla	shing on B	rick Wall	220 LF	×						
									=								
	П	İΠ							П	\Box							
Name of Registered Waste Hauler						Waste	Cut	oic Yards of	Name of Regis	stered Landfill				_			
Geppert Recycling				1100	lauler II	D No.	Wa	ste	Western Berks Community Landfill								
City, State								posal Date	City, State								
Hatfield, PA							1	/31/16	Birdsboro, PA 19508								
Completed By (Print or T	Гуре)	Title						Signature	Date (
Patricia Visco									w Mesc	es	3/-	z /·	2016	5			

CK#25075/

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 2/29/16				Name of Building Owner/Operator (2) ETS											
Agencies Notified	Type Notificat	tion	1	Street	Address			Rosedale R	d	AAH	3 .5	116.		-	
EPA DEP DOL	Initial Amended Amendme		.	City, S	tate, Zip C	ode	Dr	inceton, NJ (. # 3	-			
M DOH □ DCA	☐ Emergency justification ☐ Cancellation	on)	1	Name	lame of Contact Telephone Number										
	FAC	FACILITY INFORMATION													
Name of Facility Where	Abatement is Ta	VILIT IN	OKIV	ATION	Type of Facility	y (4)				-					
	School (K-12)														
Street Address	Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)														
City (5)								Square Feet	# of F		Bk	dg. A			
Princeton, NJ 08541								10000		23		55	+/-		
County (6)		onty Code (7 ONLY)	7) (S	TATE	Current Use (F	rior if bein	g demolis	nea)							
Name of Monitoring Firm (8)	n Hired by Buildi MECS	ing Owner		ASCM	No.	Na		nent Contractor (55	Comriso	a Tm	_			
Street Address				Str	eet Address	ens Environ	mental	Service	s, m	C.		_			
Street Address		Ou	cci Address	PO	Box 322	2									
City, State, Zip Code		City, State, Zip Code Allentown, NJ 08501													
Project Manager for Mo		phone	No.	Telephone No. License No.								_			
	Weisgarber		(60	9) 29	8-4070	(609) 259-9688 00493									
Start Date (10) 3/18/16	cheduled C	omple 3/21/		te (11)	Na	me of OSHA!		1ECS							
Occupancy Status Duri	ng Abatement (Street Address									
						PO Box 341									
☐ Abatement Performe ☐ Other - Describe:		mal Facili	ty Hou	rs		City, State, Zip Code Crosswicks, NJ 08515									
Scope of Work (Check	all that apply)							ntainment with N	egative Pre	essure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				Mini-En Gloveb Non-Ex	closure ag Procedure empted (*) and N	lon-Friable	Procedur	re				
	···········	1 150	Location					, , , ,			Abatement Type				
Location	of	Used	omally Solel	y by			Description o					ıyı	e -	_	
Asbestos-Containing TO BE ABA		10000000	ntenar ustodia	37.77	Asbes (i.e.	tos C	containing Ma mal systems	terial (ACM) insulation,	Amo (Spe		R	-	Enc	四	
IN Facilit			Staff? (12)		(su	rfacing, VAT er miscellane	, or	SF or	· LF)	Removal	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		Oliv	or misconario	000)	9		val .	=	ılate	ure	
Auto S			T	her	mal Pipe I	ittings	44		×						
									-						
					Waste	I C	bic Yards	Name of Reg		ndfill					
Name of Registered Was Stevens Environ	Hauler II			Waste 1 CU	Name of Reg		WS Lan	dfill							
City-, State	messa an		=				posal Date	City, State	/ /						
Completed By	Allentow	n, NJ Title		3/22/16 Signature/				Morrisville, PA						_	
Mahlon E. St	evens		rojec	t Mar	nager		1/1				2/29	9/16			